



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

KAVITHA SHASHIKUMAR, MD PA
11803 S. FREEWAY, STE 104
FORT WORTH, TX 76115

Respondent Name

ILLINOIS NATIONAL INSURANCE CO

Carrier's Austin Representative Box

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MFDR Tracking Number

M4-11-3282-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are enclosing claims for patient which were originally sent by paper to a different insurance company. As these were printed and sent by paper the timely filing in our system allows only do the screen print of the claim. As we did not have correct insurance information and had to rely on what we received from the Hospital facesheet was incorrect. After getting the correct information for the claims the deadline had passed for the claims. We submitted claims with screen print of when the claims were originally submitted. Insurance did not accept it and denied as timely filing."

Amount in Dispute: \$37,350.96

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In the present case, the provider submitted the original medical bill to the carrier on December 7, 2010. The provider is seeking reimbursement for dates of service from May 26 through August 19, 2010. Since the carrier did not receive the original medical bill until December 7, 2010, none of the dates of services were timely submitted to the carrier by the provider. Therefore, the Division should render a decision that the provider is not entitled to reimbursement for dates of service from May 26 through August 19, 2010."

Response Submitted by: Flahive, Ogden & Latson, PO Box 201329, Austin, TX 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 26, 2010 to August 19, 2010	99244, 11042, 99214, 99183, 99213, 15360	\$37,350.96	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 01/31/2011

- 125-Denial/Reduction due to submission/billing error
- 29-Time limit for filing claim/bill has expired
- 58- Staged or related procedure
- RM2- Time limit for filing claim has expired
- 25- separate E&M Service, Same Physician
- 51-Multiple Procedure
- 59-Distinct Procedural Service
- RM7-Invalid code for CMS payment-resubmit w/valid code

Issues

1. Are all dates of service eligible for MDR review in accordance with 28 Texas Administrative Code §133.307?
2. What is the timely filing deadline applicable to the medical bills for the services in dispute?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The dates of the service in dispute are 05/26/2010 to 08/19/2010. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on 05/31/2011. The Division concludes that the requestor has failed to timely file the dispute for date of service 05/26/2010 with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for date of service 05/26/2010. Therefore, only dates of service 06/02/2010 to 08/19/2010 will be considered in this review.
2. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." The requestor states they originally sent bills to a different insurance agency. Review of the requestor's documentation finds copies of screen prints of billing information showing the bills were submitted to Unified Health Services. Therefore Texas Labor Code §408.0272 applies to the services in this dispute. Per Texas Labor Code §408.0272 (c) states, "...a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim." No documentation was found to support as to when the requestor was notified by Unified Health Services of their erroneous submission of the claim. Therefore, the Division is unable to determine if the bills were submitted to the correct insurance within 95 days after the date the requestor was notified of their erroneous submission.
3. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

Review of the requestor's submitted information finds no documentation to support that the medical bills were submitted to the insurance carrier within 95 days after the date the provider was notified of their erroneous submission. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	<u>04/30/2012</u> Date
_____ Signature	<u>Martha Luevano</u> Medical Fee Dispute Resolution Manager	<u>04/30/2012</u> Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.